

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213562596			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: the Richmond Suburban Ladies Tennis League</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANN MICHELE SWEENEY 5733 SHADY MILL WAY GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: 07316011</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 5733 Shady Mill Way</p> <p style="margin-left: 40px;">CITY/ST/ZIP: GLEN ALLEN, VA 23059</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LORRAINE BARLOW TITLE: DIRECTOR ADDRESS: 2705 Schooner Ct CITY/ST/ZIP/CO: RICHMOND, VA 23233 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LORRAINE BARLOW TITLE: DIRECTOR ADDRESS: 2705 Schooner Ct CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Kim Wright TITLE: DIRECTOR ADDRESS: 9567 Plateau Pl CITY/ST/ZIP/CO: Mechanicsville, VA 23116 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Kim Wright TITLE: DIRECTOR ADDRESS: 9567 Plateau Pl CITY/ST/ZIP/CO: Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Michelle Leopold TITLE: DIRECTOR ADDRESS: 11504 Longview Landing Dr CITY/ST/ZIP/CO: Richmond, VA 23233 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Michelle Leopold TITLE: DIRECTOR ADDRESS: 11504 Longview Landing Dr CITY/ST/ZIP/CO: Richmond, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Nicky Keller	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1517 Harbrough Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23238		
NAME:	Ann Michele Sweeney	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	5733 Shady Mill Way		
CITY/ST/ZIP/CO:	Glen Allen, VA 23059		
NAME:	Holly Graham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3709 Penmardel Ct		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Kathy Harcum	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1406 Mellick Ridge Ct		
CITY/ST/ZIP/CO:	Manakin Sabot, VA 23103		
NAME:	Mary Lee Gay	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6802 University Dr		
CITY/ST/ZIP/CO:	Richmond, VA 23229		
NAME:	Kara Butler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9069 Kings Charter Dr		
CITY/ST/ZIP/CO:	Mechanicsville, VA 23116		
NAME:	Sandra Mason	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8701 Park Central Dr #400		
CITY/ST/ZIP/CO:	Richmond, VA 23227		
NAME:	Marty Beverly	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5201 Ashton Creek Rd		
CITY/ST/ZIP/CO:	Chester, VA 23831		
NAME:	Anne Gilfillan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4007 Poplar Grove Rd		
CITY/ST/ZIP/CO:	Midlothian, VA 23112		
NAME:	Suzanne Morris	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	402 Henri Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23226		
NAME:	Susan Evans	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	813 Colony Bluff Place		
CITY/ST/ZIP/CO:	Richmond, VA 23238		

NAME:	Betsey James	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11210 Warren View Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Renee Riggs	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7626 Sweetbriar Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23229		
NAME:	Lillie Wauford	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2411 Braemar Ct		
CITY/ST/ZIP/CO:	Midlothian, VA 23113		
NAME:	Laurie Huizenga	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4120 Hillcrest Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23225		
NAME:	Betsy Goodreau	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12103 Wexwood Pl		
CITY/ST/ZIP/CO:	Richmond, VA 23236		
NAME:	Lisa Frazier	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 Windy Hollow Way		
CITY/ST/ZIP/CO:	Glen Allen, VA 23059		
NAME:	Sue Valiquett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12008 Valleybrook Dr		
CITY/ST/ZIP/CO:	Richmond, VA 23233		
NAME:	Cheryl Lipscomb	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9507 Chatterleigh Dr		
CITY/ST/ZIP/CO:	Richmond, VA 23238		
NAME:	Debbie Lahy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	223 Ross Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23229		
NAME:	Janet Pommershiem	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	105 Berkshire Rd		
CITY/ST/ZIP/CO:	Richmond, VA 23221		
NAME:	Sue Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5512 Silver Birch Lane		
CITY/ST/ZIP/CO:	Midlothian, VA 23112		

NAME: Donna Boykin TITLE: DIRECTOR ADDRESS: 4504 Dalat Ct CITY/ST/ZIP/CO: Glen Allen, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Suzanne Winefordner TITLE: DIRECTOR ADDRESS: 19111 Park Forest Way CITY/ST/ZIP/CO: Glen Allen, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Ann Michele Sweeney	Ann Michele Sweeney, CHAIRMAN	12/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		